IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Nabe et al.

Art Unit: 3623

Serial No.: 09/828,530

Examiner: Peter H. Choi

Filed: April 6, 2001

:

For:

METHODS AND SYSTEMS

FOR SUPPLYING CUSTOMER

LEADS TO DEALERS

Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

TRANSMITTAL

1. Transmitted herewith is:
Transmittal and Request for Reconsideration After Final Rejection in response to Office Action dated March 22, 2007 and made final (21 pages)

STATUS

2. Applicant

claims small entity status. is other than a small entity.

EXTENSION OF TERM

3.	The proc	eeedings herein are for a patent app ply. (complete (a) or (ons of 37 C.F.R.					
	7 C.F.R. 1.136 s checked below:)								
Exte	ension for	response within:	Other than small entity Fee	Small entity Fee (if applicable)					
		first month	\$ 120.00	\$ 60.00					
		second month	\$ 450.00	\$ 225.00					
		third month	\$ 1,020.00	\$ 510.00					
		fourth month	\$ 1,590.00	\$ 795.00					
		fifth month	\$ 2,160.00	\$1,080.00					
			Fee Due	\$ 450.00					
If an additional extension of time is required, please consider this a petition therefor. (Check and complete the next item, if applicable)									
An extension of months has already been secured. The fee paid therefor \$ is deducted from the total fee due for the total months of extension now requested.									
	Extension fee due with this request \$\\$450.00								
	(b) Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.								

FEE FOR CLAIMS

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) (Col. 3)		SMALL ENTITY		OTHER THAN SMALL ENTITY				
			HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL. RATE FEE	OR	ADDITIONAL RATE FEE				
TOTAL			MINUS		=0	x \$25.00 = \$		x \$50.00 = \$			
TOTAL INDEP.			MINUS	-2/-2-0	=0	x \$100.00 = \$		x \$200.00 = \$			
	FIRST PRESENTATION OF			MULTIPLE DEP. (CLAIM	+ \$180.00 = \$		+ \$360.00 = \$			
						TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$			
	(a)	\boxtimes	No add	itional fee for	r Claims is	required					
	(b)		Total a	dditional fee		required \$					
				FEE	PAYME	NT					
5.	Attached is a check in the sum of \$										
	\boxtimes			t Account No this transmitt		the sum of <u>\$450.00</u> ed.	<u>).</u>				
				FEE 1	DEFICIE	NCY					
6.	If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.										
	AND/OR										
	If any additional fee for claims is required, charge Deposit Account No. 01-2384.										
7.		Other:									
					Reg ARI One St. I	iel M. Fitzgerald J. No. 38,880 MSTRONG TEAS Metropolitan Squa Louis, MO 63102 /621-5070		E LLP			